

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770644** (3)

1. Corporation Name

SAFIA TEMPLE #188 INC.

Principal Place of Business

Mailing Address

% 1111 MASSALINA DRIVE
PANAMA CITY FL 32401

% 1111 MASSALINA DRIVE
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

10/10/1983

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, WILLIE
1111 MASSALINA DR.
PANAMA CITY FL 32401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, ARTHUR R.	
STREET ADDRESS	5224 PARK ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VMD	<input type="checkbox"/> DELETE
NAME	DRIVER, JAMES	
STREET ADDRESS	2511 E. 9TH CR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, WILLIE	
STREET ADDRESS	1111 MASSALINA DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	ANDERSON, LOUIS, JR.	
STREET ADDRESS	317 DETROIT AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BAKER, ARTHUR	
STREET ADDRESS	RT. 3, BOX 525	
CITY-ST-ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur R. Green **Arthur R. Green** 01-07-98 (850) 769-7738

CR2E037 (10/97)